

**UNITED STATES** SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** HAIRADM I IMITED AFFEDING EVEMDTION

1438	777					
OMB APPROVAL						
OMB Number:	3235-0076					
Expires:						
Estimated average	Estimated average burden					
hours per respon	hours per response16.00					

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UNIF	ORM LIMITED OFFERING EXEM	I HON	Mall Processing
, , ,	ndment and name has changed, and indicate change.)		Section
NewMarket Impressions LLC			
• • • • • • • • • • • • • • • • • • • •	Rule 504  Rule 505  Rule 506  Section 4(6)	□ ULOE	JUN 2 6 2008
Type of Filing:  New Filing  Amenda	nent		<b>*</b> * ·
	A. BASIC IDENTIFICATION DATA		Weshington, DC
1. Enter the information requested about the is	ssuer		101
Name of Issuer ( check if this is an amendm	nent and name has changed, and indicate change.)		
NewMarket Impressions LLC			
Address of Executive Offices	Telephone Num	ber (Including Area Code)	
4 Bonazzoli Avenue	Hudson, MA 01749	978-562-7500	
Address of Principal Business Operations (if different from Executive Offices)	(Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
Brief Description of Business			
			PROCESSED 1
Type of Business Organization			2 - 2222
	of a contract of the first and the form of the contract of the	olease specify):	JUN 272008
business trust lin	Limited	Liability Company	_
	Month Year		THOMSON REUTERS
Actual or Estimated Date of Incorporation or Org	ganization: 05 08 Actual Esti	mated	
Jurisdiction of incorporation of Organization. (f	CN for Canada; FN for other foreign jurisdiction)		
OPNED AL INCEDITORIONO	Civital Canada, 111 for Caler foreign jariscience)		
GENERAL INSTRUCTIONS			
Federal:			
who must rile: All issuers making an offering of the	securities in reliance on an exemption under Regulation D	or acction 4(b), 17 C	PK 230.301 et seg. of 13 U.S.C.

77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

		A RASIC	IDENTIFICATION DATA	· <u></u>	
2. Enter the information re	equested for the fol		IDENTIFICATION DATA	<u> </u>	
	•	ū	d within the past five years;		
•	·	_	•		a class of equity securities of the issuer
		•	of corporate general and ma		
		f partnership issuers.	or corporate general and in	anaging partiters of	purtiership issuers, unu
- Caeri Beneral and I	managing partiter o		<del> </del>		
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	er 🔽 Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Arthur Maxwell, Manager	•				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
4 Bonazzoli Avenue	H	udson, MA 01749			
Check Box(es) that Apply:	Promoter	Beneficial Owner	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owne	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Check Box(es) that Apply:	Promoter	Beneficial Owner	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		
Cl. I.B. ( ) I. I. I.					
Check Box(es) that Apply:	Promoter	Beneficial Owne	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
( <u> </u>	,				
Business or Residence Addre	ss (Number and	Street, City, State, Zip	Code)		<u> </u>
	(	,, <del></del> , <del></del> <del></del> , <del></del> , <del></del> <del></del> , <del></del> , <del></del> <del></del> , <del></del> <del></del> , <del></del>	<del> ,</del>		
Check Box(es) that Apply:	Promoter	Beneficial Owner	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
, · ·	,				

Business or Residence Address (Number and Street, City, State, Zip Code)

				В. І	NFORMAT	ION ABOU	T OFFERI	NG				
					9				0	•	Yes	No
1. Has	the issuer sol	a, or does t							_			×
2. Wha	Answer also in Appendix, Column 2, if filing under ULOE.  What is the minimum investment that will be accepted from any individual?										s 50,	00.00
2. 11110										Yes	No	
3. Does	Does the offering permit joint ownership of a single unit?								•••••		×	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such								he offering. with a state				
	ker or dealer								entica pers	ons or such		
Full Nam	e (Last name	first, if ind	ividual)	• •								
Business	or Residence	Address (N	lumber and	d Street, C	ity, State, 2	Zip Code)						<del></del>
Name of	Associated B	roker or De	aler				<del></del>		<del></del>			
Ctatan in	Which Perso	n Lintad II.a	o Colinian		Caliais	Donahaaa						
	ck "All State										□ Al	l States
AL	[AK]	AZ	AR	CA	CO	СТ	DE	DC	FL	GA	HI	ID
TL		IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОH	OK	OR	PA
RI	SC	SD	TN	TX	[ŪT]	VT	VA	WA	WV	<u>WI</u>	WY	PR
Full Nam	e (Last name	first, if ind	ividual)	· · · · · · · · · · · · · · · · · · ·								-
Business	or Residence	e Address (1	Number an	d Street, C	City, State,	Zip Code)						
Name of	Associated B	roker or De	aler									
States in	Which Perso	n Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	ck "All State								***!!*******!!!	*************	□ Al	l States
	TTT	(दन)	(470)	١	اتما	COTE	[50]	(52)	(FOET)	(6.7)		
AL IL	AK IN	ĀZ IA	KS KS	CA KY	CO LA	CT ME	DE MD	DC MA	FL MI	[GA] [MN]	MS	MO
MT	NE	NV	NH	NJ	NM	NY	NC	ND	ОH	OK)	OR	PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	$\overline{\mathbf{w}}$	WI	WY	PR
Full Nam	e (Last name	first, if ind	ividual)	· ·							•	
Business	or Residence	e Address (1	Number an	d Street, C	City, State, 2	Zip Code)	<u></u>					
Name of	Associated B	roker or De	aler		······································			<u> </u>			<del></del>	
			1122									
	Which Person											
(Che	ck "All State	s or eneck	individual	states)			***************	••••••	·······	••••••		States
AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	HI	ID
TL MT	IN NE	IA NV	KS NH	KY NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

## C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	s 0.00	s 0.00
	Equity		\$ 3,000,000.00
	☐ Common ☐ Preferred		
	Convertible Securities (including warrants)	s 0.00	0.00 \$
	Partnership Interests		s 0.00
	Other (Specify)		\$ 0.00
	Total		\$ 3,000,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate
		Number Investors	Dollar Amount of Purchases
	Accredited Investors		\$ 3,000,000.00
	Non-accredited Investors		\$_0.00
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.	;	
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505	Equity	\$ 3,000,000.00
	Regulation A	<u> </u>	\$ 0.00
	Rule 504		\$ 0.00
	Total		\$ 3,000,000.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	;	<u> </u>
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		s
	Legal Fees		\$ 30,000.00
	Accounting Fees		\$
	Engineering Fees	_	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total	_	\$ 30,000.00

L	C. OFFERING PRICE	, NUMBER OF INVESTORS, EXPENS	ES AND USE OF PROCEEDS	
	b. Enter the difference between the aggrega and total expenses furnished in response to Pa proceeds to the issuer."	rt C — Question 4.a. This difference is	the "adjusted gross	\$
5.	Indicate below the amount of the adjusted greach of the purposes shown. If the amount check the box to the left of the estimate. The proceeds to the issuer set forth in response	for any purpose is not known, furnis total of the payments listed must equal	sh an estimate and	
			Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		<b> \$</b>	_ 🗆 \$
	Purchase of real estate			_ 🗆 \$
	Purchase, rental or leasing and installation		<b>□</b> €	<b>□ ¢</b>
	and equipment		<del></del>	_
	Acquisition of other businesses (including			_ 🗆 🌣
	offering that may be used in exchange for t issuer pursuant to a merger)	he assets or securities of another		□\$
	Repayment of indebtedness			_
	Working capital			
	Other (specify):			
	Column Totals		§ 1,250,000.	00 \$ 1,720,000.0
	Total Payments Listed (column totals added	d)		2,970,000.00
		D. FEDERAL SIGNATUR	E	
sig	issuer has duly caused this notice to be signed nature constitutes an undertaking by the issue information furnished by the issuer to any n	r to furnish to the U.S. Securities and	Exchange Commission, upon writt	
Iss	ner (Print or Type)	Signature	Date	
Ne	wMarket Impressions LLC		June 16 , 200	18
Na	ne of Signer (Print or Type)	Title of Signer (Print or Type	e)	
Arti	ur Maxwell	Manager		

# - ATTENTION -

E. STATE SIGNATURE						
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification	Yes	No			
	provisions of such rule?		K			

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed a notice on Form D (17 CFR 239.500) at such times as required by state law.
- The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date
NewMarket Impressions LLC		June (, 2008
Name (Print or Type)	Title (Print or Type)	-
Arthur Maxwell	Manager	

#### Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	APPENDIX										
1	Intend to non-a investors	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		amount pu	4 investor and rchased in State C-Item 2)		under Sta (if yes, explana	fication te ULOE attach tion of granted)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
AL											
AK											
AZ											
AR											
CA			•								
СО											
СТ											
DE											
DC											
FL											
GA											
ні											
ID											
IL											
IN											
IA		[									
KS											
KY											
LA											
ME											
MD											
MA		×	Equity \$5 million	4	\$600,000.00	0	\$0.00				
MI					,						
MN											
MS											

## APPENDIX 2 3 4 1 Disqualification Type of security and aggregate under State ULOE Intend to sell (if yes, attach to non-accredited offering price Type of investor and explanation of amount purchased in State offered in state waiver granted) investors in State (Part C-Item 2) (Part E-Item 1) (Part B-Item 1) (Part C-Item 1) Number of Number of Non-Accredited Accredited Yes No State Yes No Investors Amount Investors Amount MO MT NE NV NH NJ NM NY NC ND OH OK OR PA RI SC SDTN TX UT VT VAWA wv WI

				APP	ENDIX				
1		2	3		4				
	to non-a	tend to sell and aggregate offering price offered in state art B-Item 1)  Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

